



CITY OF ALEXANDRIA

AFFIRMATIVE ACTION DATA FORM

PLEASE NOTE: COMPLETION OF THIS FORM IS ON A VOLUNTARY BASIS. A DECISION NOT TO COMPLETE THIS FORM WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.

The City of Alexandria has an Affirmative Action Program to ensure equal employment opportunity in its hiring practices. We are asking you to voluntarily help us monitor the effectiveness of our program by answering the questions below.

The information requested below is used solely in connection with the City's affirmative action efforts. All information is requested on a voluntary basis and will be used only in accordance with applicable state, local, and federal laws, including the Americans with Disabilities Act. This form will be filed separately from your application and will be kept confidential. The information provided will not be used to discriminate against you in any way. If you have any questions, comments, or complaints about the City's employment process, please contact the Personnel Services Department at (703) 838-4485 or the Affirmative Action Office at (703) 519-3357.

Position Title (<i>use title from job announcement</i>):	Position Reference Number:	
Name:	Date of Application	Date of Birth
_____ LAST FIRST MIDDLE	____ / ____ / ____ MM DD YY	____ / ____ / ____ MM DD YY

Ethnic Origin (<i>see note below</i>):	Sex:
<input type="checkbox"/> [1] White, non-Hispanic	<input type="checkbox"/> Male
<input type="checkbox"/> [2] Black, non-Hispanic	<input type="checkbox"/> Female
<input type="checkbox"/> [3] Hispanic	
<input type="checkbox"/> [4] American Indian / Alaskan Native, non-Hispanic	
<input type="checkbox"/> [5] Asian, non-Hispanic	
<input type="checkbox"/> [6] Native Hawaiian / Other Pacific Islander, non-Hispanic	
<input type="checkbox"/> [7] Black & White, non-Hispanic	
<input type="checkbox"/> [8] Asian & White, non-Hispanic	
<input type="checkbox"/> [9] American Indian / Alaskan Native & Black, non-Hispanic	
<input type="checkbox"/> [10] American Indian / Alaskan Native & White, non-Hispanic	
<input type="checkbox"/> [11] Balance 2+ Races, non-Hispanic	

NOTE: Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:

- White (not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes Irish, German, Italian, Lebanese, Near Easterner, Arab or Polish.
- Black (not of Hispanic origin) - Persons having origins in any of the Black racial groups of Africa. It includes African American, Afro American, Nigerian or Haitian.
- Hispanic (or Latino) - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, *regardless of race*.
- American Indian or Alaskan Native (not of Hispanic origin) - Persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. It includes principle or enrolled tribes, such as Rosebud Sioux, Chippewa or Navajo.
- Asian (Not of Hispanic origin) - Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. It includes Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, Burmese, Hmong, Pakistani, Thai or Other Asian.
- Native Hawaiian and Other Pacific Islanders (not of Hispanic origin) - Persons having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. It includes Native Hawaiian, Guamanian, Chamorro, Samoan, Tahitian, Mariana Islander, Chuukese or Other Pacific Islander.

Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check here <input type="checkbox"/> if you are a Vietnam Era Veteran (served on active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and were discharged with other than a dishonorable discharge).
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(See Reverse)

Voluntary Disability Self-Identification

Disability Status: ☐ Yes ☐ No (If yes, please enter the 2 digit number of any applicable disability, as listed below, in the space provided.) _____

Speech Impairments

- ☐ 01. Severe speech malfunction or inability to speak; hearing is normal. Examples: defects of articulation (unclear language sounds): stuttering, aphasia (impaired language function): laryngectomy (removal of the voice box).

Hearing Impairments

- ☐ 02. Hard of hearing (can understand spoken conversation in a quiet room with a hearing aid).
☐ 03. Deaf in both ears (cannot understand spoken conversation even with hearing aid).
☐ 04. Deaf or hard of hearing in one ear, with normal hearing in the other.

Visual Impairments

- ☐ 05. Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (restriction of the visual field that affects mobility, "Tunnel vision").
☐ 06. Inability to read ordinary size print, not correctable by glasses (Can read large print with glasses or magnification device).
☐ 07. Blind in one eye.
☐ 08. Blind in both eyes (No usable vision, but may have some light perception).

Missing Extremities

- ☐ 09. Loss of one or more extremities such as an arm or leg.

Nonparalytic Orthopedic Impairments

- ☐ 10. Loss of ability to move or use a part of the body such as in hands, feet, arms, legs, hip or pelvis, or back, due to chronic pain, stiffness or weakness in bones or joints.

Paralysis

- ☐ 11. Loss of some ability to move or use a part of the body, including legs, arms, and / or trunk, due to a brain, nerve or muscle problem including palsy and cerebral palsy.
☐ 12. Complete loss of ability to move or use a part of the body, including legs, arms, and / or trunk, due to a brain, nerve or muscle problem including palsy and cerebral palsy.

Learning Disability

- ☐ 13. Problems with understanding, perceiving or using language or concepts (written or spoken) due to a central nervous system disorder.

Other Impairments

- ☐ 14. Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery).
☐ 15. Heart disease with restriction or limitation of activity.
☐ 16. Convulsive disorder (e.g., epilepsy).
☐ 17. Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia).
☐ 18. Controlled diabetes with no restriction of activity.
☐ 19. Diabetes with limitation of activity due to complications such as retinitis, neuritis, etc.
☐ 20. Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma).
☐ 21. Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required).
☐ 22. Cancer - a history of cancer with complete recovery.
☐ 23. Cancer - undergoing surgical and / or medical treatment.
☐ 24. Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency).
☐ 25. Mental or emotional illness (A history of treatment for mental or emotional problems).
☐ 26. Severe distortion of limbs and / or spine (e.g., dwarfism, kyphosis [severe distortion of back]).
☐ 27. Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birth marks, club feet, etc.]).
☐ 28. Other (specify)_____.